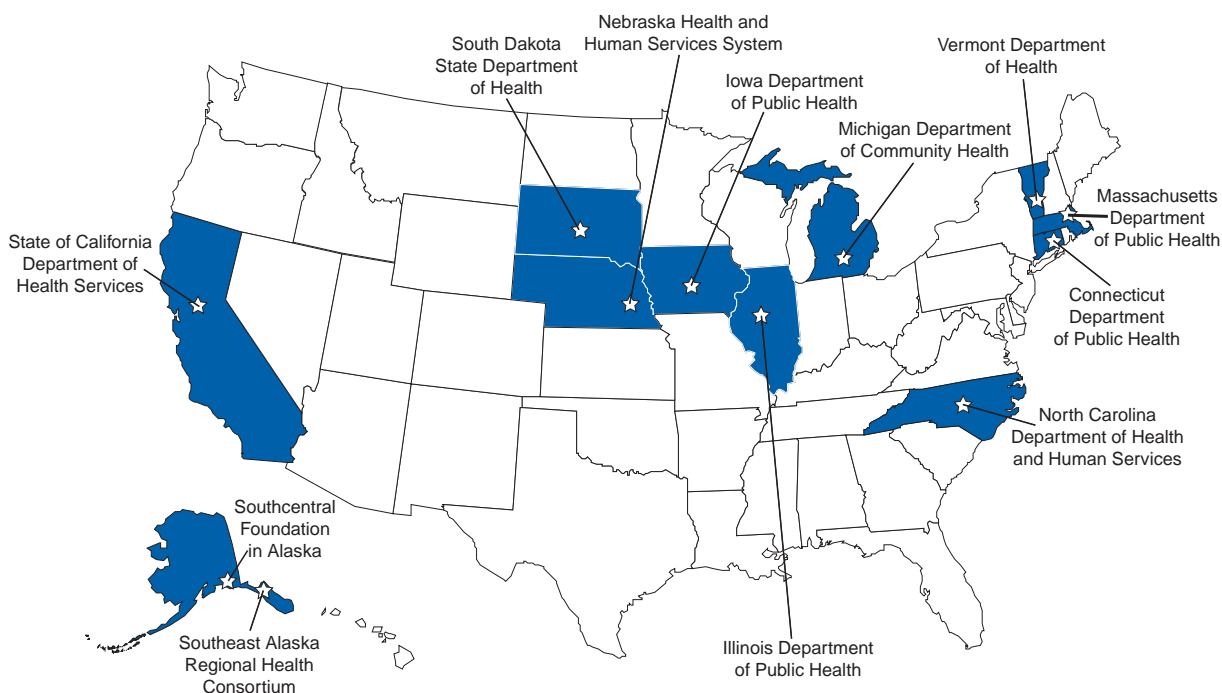


# WISEWOMAN: Improving the Health of Uninsured Women 2002

## CDC's WISEWOMAN Demonstration Projects, Fiscal Year 2001



*"HRSA's goal of 100% access to health care and 0% disparities is advanced by the success of programs such as WISEWOMAN. By providing access to screening services and lifestyle interventions, WISEWOMAN is helping thousands of financially disadvantaged women decrease their risk for preventable chronic diseases."*

Tamara Lewis Johnson, MBA, MPH  
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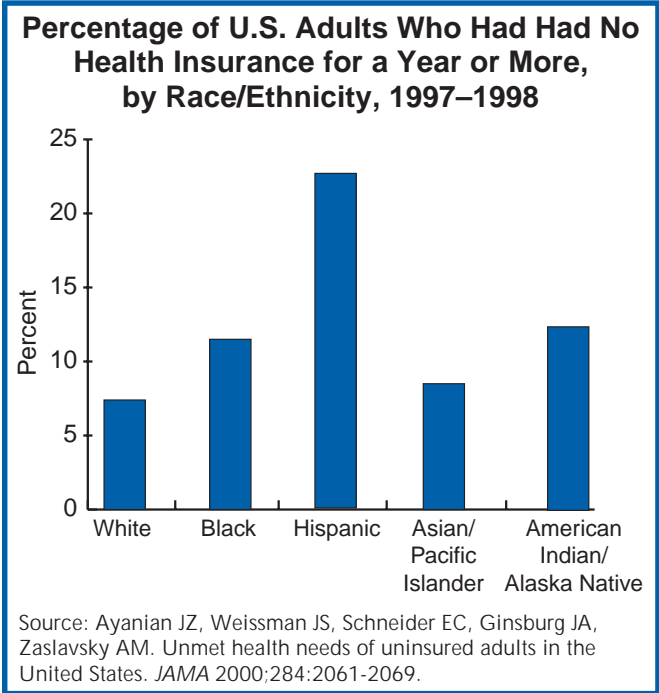
# Increased Health Risks for Uninsured Women

In 1999, about 1 of every 10 U.S. women aged 45–64 years was uninsured. Uninsured women are more likely to be of minority racial and ethnic groups, to have less education, and to be poorer than insured women. Their ability to pay for health care is limited. Uninsured women may be especially vulnerable to cardiovascular disease and other chronic diseases because they are more likely than insured women to smoke cigarettes and be overweight, and less likely to engage in physical activity and be aware of their cholesterol levels.

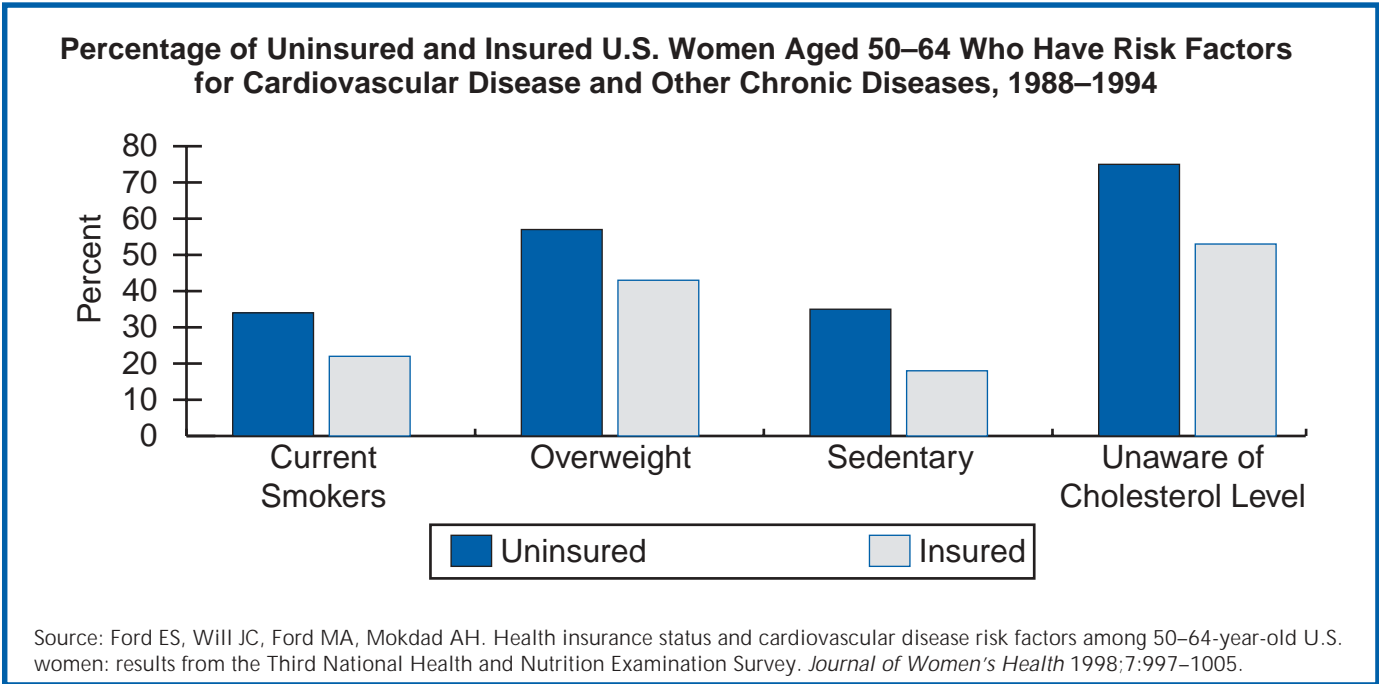
Among women aged 40 years and older, 71% of those who are insured but only 46% of those who are not insured report having had a mammogram in the previous year. Uninsured U.S. adults are also less likely to be screened for high blood pressure and high cholesterol and to be advised to lose weight and quit smoking.

## Cardiovascular Disease: The Leading Cause of Death Among Women

Although cardiovascular disease—principally heart disease and stroke—is commonly believed to be a disease that primarily affects men, more than half of all people who die of heart disease and stroke are women. Among women, heart disease is the leading cause of death and is often not diagnosed until an



advanced stage. Addressing risk factors such as high cholesterol, high blood pressure, obesity, sedentary lifestyle, and smoking greatly reduces women’s risk for illness and death from heart disease. However, screening, intervention, and treatment services for these risk factors are often beyond the reach of uninsured women.



## CDC's Leadership in Promoting Healthy Lifestyles

To address the unequal burden of breast and cervical cancer, in 1990 Congress authorized CDC to establish the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Through this program, CDC helps states, territories, and tribal organizations provide potentially life-saving screening for breast and cervical cancers to low-income and uninsured women. This program also offers the opportunity to address heart disease and other chronic diseases among these women, who are unlikely to receive other preventive services.

In 1993, Congress authorized CDC to establish a demonstration program within the NBCCEDP to assess the feasibility and benefits of providing additional preventive services for low-income and uninsured women. Using a portion of NBCCEDP funding, CDC launched three WISEWOMAN (**Well-Integrated Screening and Evaluation for Women Across the Nation**) demonstration projects in 1995. Through WISEWOMAN projects, women participating in the NBCCEDP are also offered screenings and interventions for obesity, sedentary behavior, poor dietary habits, high blood pressure, and high cholesterol.

Initially, CDC established WISEWOMAN projects in Massachusetts, North Carolina, and Arizona. The primary goal of these three WISEWOMAN projects was to test the effectiveness of various lifestyle interventions among uninsured women. Interventions were directed at behavioral risk factors for chronic diseases, especially physical inactivity and unhealthy diets. Each of the three projects tested different interventions to determine which ones worked best for their populations. Specific interventions included structured counseling, physical activity classes, nutrition classes, and walking groups.

The financially disadvantaged or uninsured women enrolling in WISEWOMAN had a high prevalence of risk factors for heart disease and stroke. From 50% to 75% of all participants had either high blood pressure or high cholesterol. These prevalence rates were similar to those found among women of the same age and socioeconomic background in the Third National Health and Nutrition Examination Survey.

In their first year, the three WISEWOMAN projects demonstrated that offering screening tests for chronic

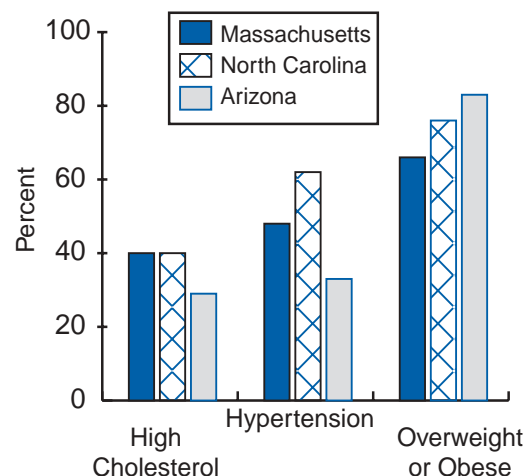
disease risk factors to women in the NBCCEDP was feasible and well accepted by providers and participants. Early studies of the effectiveness of selected WISEWOMAN interventions found that participants reported reducing the fat in their diets and becoming more physically active.

### Increasing the Reach of WISEWOMAN

Because many other women in the NBCCEDP can benefit from lifestyle interventions that improve their diet and physical activity levels, WISEWOMAN has gradually expanded the number of demonstration projects. As of 2001, more than 10,000 women aged 50 and older had been screened through the WISEWOMAN program.

With fiscal year 2002 funding of \$11.7 million, CDC supports 12 projects in 11 states to provide screening and interventions to prevent heart disease and other chronic diseases among underserved women. In addition, CDC is funding studies at Prevention Research Centers to develop interventions that most effectively reduce risk factors for cardiovascular disease and other chronic diseases among uninsured and financially disadvantaged women.

**Selected Conditions Among Women Aged 50 and Older Enrolling in WISEWOMAN**



Source: The WISEWOMAN Workgroup. Cardiovascular disease prevention for women attending breast and cervical cancer screening programs: The WISEWOMAN Projects. *Preventive Medicine* 1999;28:496-502.

## WISEWOMAN Projects in Action and Future Directions

Of the 12 WISEWOMAN demonstration projects, 2 (California and Illinois) were newly funded in fiscal year 2001. These new projects are in the planning stages and will begin screening and interventions in late 2002. At the other 10 projects, women are screened for risk factors for heart disease and stroke, and some projects screen for risk factors for other chronic diseases such as diabetes and osteoporosis. These projects also offer programs to help women adopt healthier behaviors—including quitting smoking, improving their diets, and increasing their levels of physical activity—and provide referrals for abnormal test results.

Three of the WISEWOMAN projects—Massachusetts, the Southcentral Foundation in Alaska, and North Carolina—have been funded for several years and are well under way. Highlights are described below.

### Massachusetts

In the Massachusetts WISEWOMAN project, known as Well Women, 10 Massachusetts Women's Health Network sites provide a comprehensive package of free services to eligible women. These services include cardiovascular disease risk factor screening and education. Women are encouraged to learn more about healthy behaviors and become active participants in their own health care. Well Women participants are screened for abnormal body mass index, blood pressure, cholesterol levels, and blood glucose. Since 2000, more than 1,700 women have been screened. Three-fourths of these women received risk-reduction education. In addition, women are offered three individual lifestyle-counseling sessions from health care professionals and referral to risk-reduction activities in their communities.

### Southcentral Foundation in Alaska

This WISEWOMAN project, Traditions of the Heart, found that 30% of women screened in 2000 had high blood pressure, 24% had high cholesterol levels, and

46% were obese. This high burden of risk factors for cardiovascular disease supports the need for a full-scale project, scheduled to begin in 2001. The 12-week wellness project will consist of physical activity, nutrition counseling, and health education activities and will include traditional Alaska Native wellness beliefs and practices. Traditions of the Heart's maintenance program will include monthly newsletters and gatherings and annual community cultural events.

### North Carolina

North Carolina's WISEWOMAN project has established and evaluated New Leaf...Choices for Healthy Living, a counseling tool to improve diet and physical activity among financially disadvantaged populations. Partners include the University of North Carolina at Chapel Hill, the Osteoporosis Coalition of North Carolina, and the Strike Out Stroke program. In the project's first phase, women in 17 counties were counseled briefly on diet and physical activity; in 14 counties, women participated in the New Leaf program. After 1 year, lipid and blood pressure values improved and the risk for death due to heart disease and stroke declined among all women. In addition, women who participated in the New Leaf program decreased their fat intake more than women who received only minimal counseling. North Carolina's WISEWOMAN project continues to refine its interventions to determine the most effective ways for improving the health of uninsured women.

### Future Directions

WISEWOMAN will continue to develop and test culturally appropriate interventions to improve cholesterol and blood pressure levels and the general health of our society's most vulnerable women. CDC is currently evaluating the WISEWOMAN demonstration projects. CDC will disseminate successful strategies as they are identified and will encourage other states to adopt them.

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